

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Russell McOmber Office (if applicable) School Board Trustee District (if applicable) E
 Mailing Address (include city and zip code) 3000 Bryan Reno NV 89503 Telephone No. (775) 747-4285

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

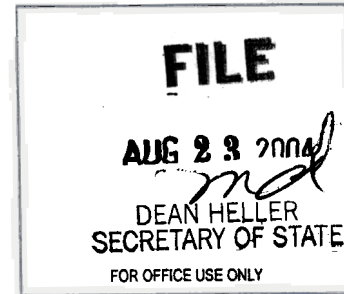
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



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CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1850	
382	

3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

2232

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

75061	
18072	

93133

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Russell McOmber

Date 8/18/04

CAMPAIGN EXPENSES

Report Period # /

Name (print) Russell McOmberOffice (if applicable) School Board MemberDistrict (if applicable) E

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Report Period # /

E
District (if applicable)

[illegible]

PAGE 4 OF 5

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Russell H. McInerney School Board Trustee E
 Office (if applicable) Reno NEV 89503 District (if applicable) 5
 Mailing Address (include city and zip code) 3000 Bryan Telephone No. (775) 747-4285

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
 Period: January 1, 2003 - December 31, 2003

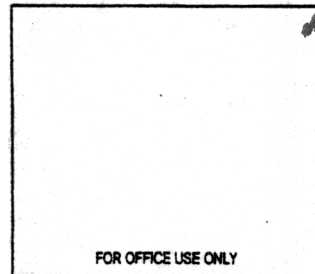
☒ Report #1 - Due August 31, 2004
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 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

This Period

1850

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

2. Total Monetary Contributions Received of \$100 or Less

382

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

3. Total Amount of Monetary Contributions Received
 (Add Lines 1 and 2)

2232

4. Total Value of In Kind Contributions Received in Excess of \$100

0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

75061

6. Total Monetary Expenses Paid of \$100 or Less

18072

7. Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

93133

Amended 10/18/04

R McInerney

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Russell H. McInerney 8/18/04

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Russell M. Ombre School Board Trustee
 Office (if applicable) 3000 BRYAN Reno, Nev. 89503
 District (if applicable) E
 Mailing Address (include city and zip code) 3000 BRYAN Reno, Nev. 89503
 Telephone No. (775) 747-4285
 E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP. ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
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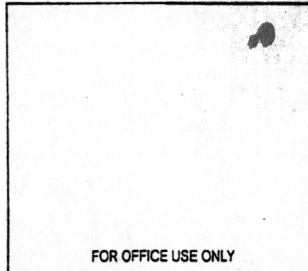
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CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
\$900	\$2750
\$300	\$582

- Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
\$1100	\$3332
0	0

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

1322 ⁰¹	2072 ⁶²
0	180 ⁷²
1322 ⁰¹	2253 ³⁴
0	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Russell M. Ombre Date _____

Report Period # 2

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

[illegible]

PAGE 4 OF 6

CAMPAIGN EXPENSES

Report Period # 2

Name (print) Russell McOmber Office (if applicable) School Board Trustee District (if applicable) E

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period **#2**

Name (print) Russell McOmber Office (if applicable) School Board trustee District (if applicable) E

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<u>Sir Speedy</u> <u>3851 FREEPORT BLVD STE 3</u> <u>SPARKS NV 89431</u>	<u>D</u>	<u>9/27/04</u>	<u>322⁰¹</u>
<u>Don Vedder</u> <u>9105 Spanish Trail</u> <u>Sparks Nev 89436</u>	<u>D</u>	<u>9/30/04</u>	<u>1000⁼</u>

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Russell McOmberOffice (if applicable) School Board TrusteeDistrict (if applicable) EMailing Address (include city and zip code) 3000 BryanReno Nev 89503Telephone No. (775) 747-4285

E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☐ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
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Period: Aug. 27, 2004 - Oct. 21, 2004

☒ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

500	3250
100	682

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
 4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
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600	3932
0	0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
 6. Total Monetary Expenses Paid of \$100 or Less
 7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
 8. Total Value of In Kind Expenses in Excess of \$100

0	0
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1500	3572.62
178.66	359.38
1678.66	3932

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Russell McOmber

Date

CAMPAIGN EXPENSES

Report Period **#3**Name (print) Russell McOmber Office (if applicable) School Board Candidate - E District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 3

Name (print) Russell McOmber Office (if applicable) School Board Candidate District (if applicable) E

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<u>Russell McOmber</u> <u>3000 Bryan</u> <u>Reno, Nev 89503</u>	<u>D</u>	<u>9/30/04</u>	<u>\$1500</u>

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